

Demonstration Site Summary

Wellness Web 2.0

Coastal Bend Wellness Foundation

Corpus Christi, TX

In the Ryan White HIV/AIDS Program (RWHAP), Part F: Special Projects of National Significance (SPNS) Program Initiative

Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum

Principal Investigator: Bill Hoelscher, billh@cbwellness.org

Other Contact Person and Information: Alison Johnson,
alisonj@cbwellness.org

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Intervention Summary

The Coastal Bend Wellness Foundation (CBWF) serves Texas's Health Region 11 where youth and young adults (ages 15-34) account for 57% of all new HIV diagnosis. In response to these need among youth and young adults and building upon a solid social media infrastructure and presence in the community, CBWF implemented project Wellness Web 2.0 (WW2.0). WW2.0 is an innovative text message-based model that utilizes strengths-based social support, health education, and navigation services to support linkage and retention in care for people living with HIV (PLWH) between the ages of 13 and 34. All components of WW2.0 (based on SMS Text Messaging) are: 1) delivery of the evidence-based intervention Anti-Retroviral Treatment and Access to Services (ARTAS) via text messages, 2) educational/motivational automated text messages, and 3) individualized navigation services. In turn, each one of these components targets a specific point along the HIV Care Continuum:

1. *HIV status awareness* via the use of a variety of social media platforms to reach at-risk youth and young adults and engage in testing.
2. *Linkage to care* and re-engagement into care by adapting ARTAS EBI for implementation via new media platforms aimed at engaging youth and young adults recently diagnosed into care.
3. *Retention in care* and treatment compliance by utilizing new media platforms to increase and sustain clinic staff/patient communications and linkage to ancillary services to minimize likelihood of dropping out of care.

As a mobile health intervention, WW2.0 provides young adults living with HIV with a digital safe space to discuss their HIV healthcare and available resources. WW2.0 reduces the burden placed on participants by removing the time and money associated with traveling to traditional, in-office program appointments. Also, as participants' self-efficacy increases throughout the program, the amount of effort required on their part decrease as information is simply pushed out to them via text message. This intervention also relies on a multitude of social media platforms to link and retain youth and young adults, ages 13-34, to HIV medical care.

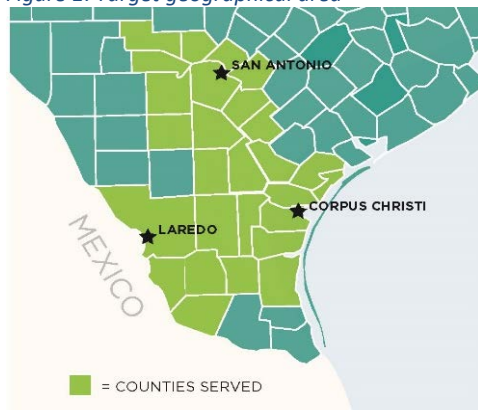
Rationale and Need

According to the CDC, in 2017, 21,597 youth and young adults received an HIV diagnosis in the United States [4]. Sixty-six percent (14,171) of those diagnoses occurred in persons aged 20-29. Additionally, 82% (25,748) of newly diagnosed youth were gay or bisexual males. Among youth living with HIV in the United States, 41% received HIV medical care, 31% were retained in HIV care, and 27% had a suppressed viral load—the lowest rate of viral suppression for any age group [4]. According to Texas Department of State Health Services, 2,729 individuals aged 15-34 years old received an HIV diagnosis in 2016, accounting for 61% of the total number of persons

diagnosed that year and men who have sex with men (MSM) made up 72% of the total number of new diagnoses [11]. Of newly diagnosed youth and young adults, 32% (863) were black males, 15% (407) White male, and 38% (1025) were Hispanic/Latino male [11].

Youth and young adults face significant challenges in managing their HIV healthcare including the effects of stigma on their social support systems, ability to access healthcare and adherence to medication. The 2017 Kaiser Family Foundation survey revealed that young adults report conversations about HIV are “infrequent” even among those closes to them and have the most misconceptions about risks, testing, and treatment. These negative trends were even more evident among Black and Hispanic young adults [8]. Those who are hesitant to disclose their status to a parent or guardian due to feared negative reactions may be accessing heath care services on their own for the first time and become overwhelmed by the process. In addition, young adults are more likely to have limited income and transportation, no insurance, or a “functional” loss of insurance if they do not want the primary beneficiary of the plan notified [9]. Young adults who have experienced stigma also reported having missed one or more clinic appointments and skipping medication doses [15].

Figure 1: Target geographical area



WW2.0 served a wide area in South Texas including the Corpus Christi Health Service Delivery Area (HSDA), San Antonio HSDA, and Laredo HSDA. Through these collaborative efforts, WW2.0 served clients throughout 27 Texas counties – a 28,568 square mile area. Table 1 presents the number of HIV Cases in each area and selected HIV measures [14, 12].

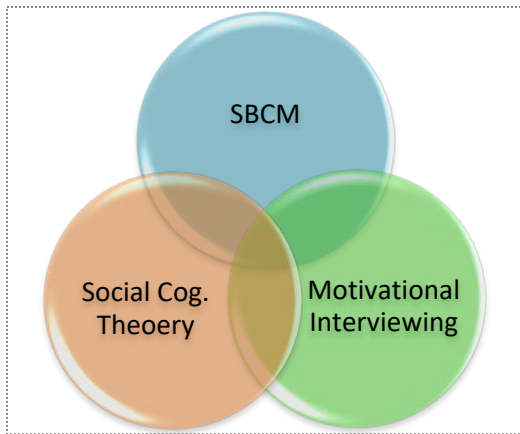
Table 1: Service Areas Epidemiology

Characteristic or Measure	Corpus Christi HSDA	San Antonio HSDA	Laredo HSDA
Population	597,898	2,336,173	286,033
HIV+ Cases	847	8,420	466
HIV+ <34 years old	18%	65%	24%
HIV+ In Care	68%	72%	58%
HIV+ Virally Suppressed	55%	85%	44%

Conceptual Model/Theoretical Framework

Mobile health interventions are believed to be effective due to increased access to smartphone technology across all demographics. According to Pew Research Center, 65% of Americans owned a smartphone of some kind in 2015 [2]. In addition, people have incorporated smart phones into many aspects of their everyday lives. A study by the Pew Research Center indicated 97% of smartphone owners used text messaging and 91% of smartphone owners ages 18 to 29 used social networking at least once throughout the course the study [2]. Additionally, the same study found that 62% of smartphone owners used their phone in the past year to look up information about a health condition.

Figure 2: Theoretical Framework



WW2.0 is based on the theoretical framework of the Strengths-Based Case Management model [6], Social Cognitive Theory [5], and Motivational Interviewing [13]. The three defining features of the intervention established by these theories are: (1) building effective, working relationships between the client and intervention staff, (2) focusing on the client's strengths rather than weaknesses, and (3) maintaining a client-driven approach.

Intervention Description

WW2.0 is an SMS text message intervention supporting linkage to and retention in care. WW2.0 is made up of three overarching components including 1) adaptation of the evidence-based intervention ARTAS, 2) Mobile Wellness health-based text messages, and 3) HIV healthcare navigation services.

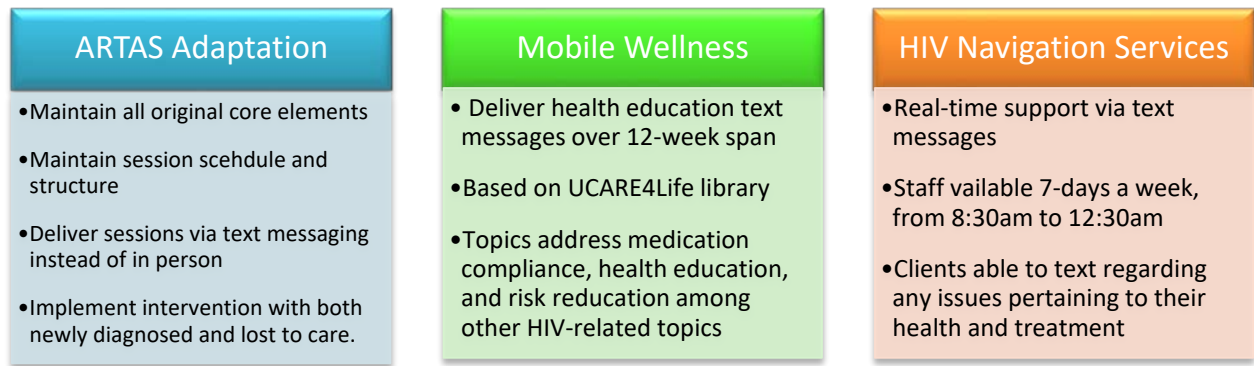


Figure 3: WW2.0 Intervention Components

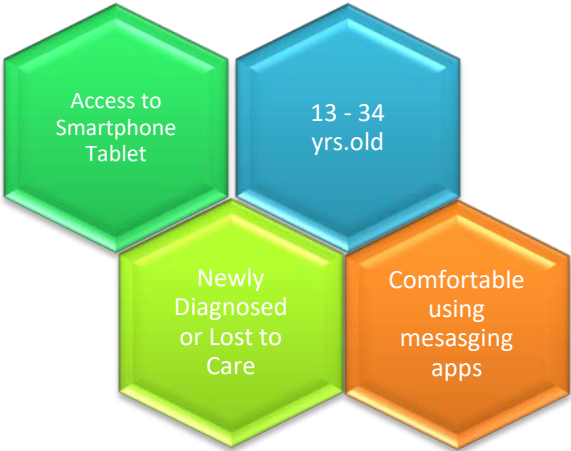
WW2.0's main goal is to improve clients' self-efficacy through education and skills mastery for managing their HIV health care. ARTAS is an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result [3]. ARTAS consists of up to five client sessions conducted over a 90-day period or until the client links to medical care – whichever comes first. Sessions focus on building rapport, identifying the clients' strengths, and facilitating the clients' ability to achieve health care goals. The WW2.0 adaptation of ARTAS adheres to the same core elements and session workflows; however, ARTAS sessions occur via text messaging and are delivered to HIV positive individuals re-entering care as well as those who are newly diagnosed. Clients who are currently linked to medical care, either upon enrollment or completion of the ARTAS adaptation, are enrolled in 12-weeks of health education text messages to support retention in care. Mobile Wellness text messages are based on the text message library developed by Health Resources and Services Administration's UCARE4Life research study [10]. The UCARE4Life library addresses multiple topics including HIV health literacy, risk reduction and medication adherence [10]. As a text messaging program, WW2.0 provides participants with the convenience to receive help navigating case management and health care services outside of mobile ARTAS sessions. At least one member of the WW2.0 staff is on-call to answer clients' questions as they arise seven days a week from 8:30am until 12:30am. This flexibility provides clients with just-in-time support that facilitates linkage and retention in care.

The four core elements below are derived from the behavioral change theories described in previous sections and are thought to be responsible for its effectiveness. ARTAS core elements have not been altered in any way and should be adhered to in order to ensure fidelity to the intervention: 1) build an effective, working relationship between the intervention staff and each client; 2) focus on the client's strengths; 3) facilitate the client's ability to identify and pursue his/her own goals and develop a step-by-step plan to accomplish those goals; and 4) maintain a client-driven approach. By implementing the different components and fidelity to the core elements, WW2.0 addresses the needs of the target population across the HIV care continuum as follows:

HIV Care Continuum Domains	WW2.0 Strategy
Public Awareness	Tailor social media HIV education and prevention messages to youth and young adults that are relevant in mode of delivery and cultural preferences and disseminate via multiple social media platforms and Social Networking apps.
Full Diagnosis	Utilize social media platforms and networking apps to reach youth and young adults who prefer these modes of communication over more traditional channels that are unaware of their HIV diagnosis and link them to testing.
Successful Linkage to Care	Adaptation of ARTAS for delivery via text messaging with a focus on engaging HIV+ individuals into care and utilizing social media platforms for follow-up and to ensure a successful link to care.
Support Participation/Retention in Care	Mobile Wellness delivers 12 weeks of programmed text messages, adapted from UCARE4LIFE, providing text messages and traditional support to navigate care systems, address other behavioral/mental health needs, and meet basic needs.
Medical Adherence; Viral Suppression	Mobile Wellness delivers 12 weeks of programmed text messages, adapted from UCARE4LIFE, addresses medication adherence, finding social support, risk reduction, etc. Mobile Wellness ensure individuals are adherent to treatment and address “fall-outs” or barriers to treatment adherence early to minimize impact on health outcomes.

Implementation

Figure 4: Target Population



The target population for this intervention are adolescents and young adults living with HIV who know their HIV+ status and are in the process of linking to care or have been out of care, not virally suppressed, and are in need of support for retention in care and medication adherence. This intervention is primarily designed to support clinical work in community health care settings, public health clinics, and other health care setting serving similar populations who might have limited access to other kinds of supports.

As a mobile health intervention, WW2.0 provides young adults with a digital safe space to discuss their HIV healthcare and available resources. WW2.0 reduces the burden placed on participants by removing the time and money associated with traveling to traditional, in-office program appointments. Also, as participants' self-efficacy increases throughout the program, the amount of effort required on their part decrease as information is simply pushed out to them via text message. This intervention uses a multitude of social media platforms to link and retain youth and young adults, ages 13-34, to HIV medical care.

WW2.0 uses Facebook, Twitter, Instagram, and social networking apps (Grindr, Jack'd, Scruff, Adam4Adam, Growlr) to outreach, engage, and recruit to target population. WW2.0 delivers a mobile adaptation of ARTAS through a HIPAA compliant, secure text messaging service. Staff are available to provide one-on-one, live text messaging support to youth and young adults linking to medical care. WW2.0 also delivers 12-weeks of automated health education text messages to support clients' adherence to and retention in HIV treatment, medication reminders, and appointment reminders. The intervention typology outlines the tools and technology required to implement WW2.0:

Functions	Social Media: Facebook, Twitter, Instagram, YouTube	Social Networking Sites/Apps: Grindr, Growlr, Scruff, Adam4Adam	Text Messaging	Agency Website
Communication		Yes	Yes	Yes
Education			Yes	
Information	Yes	Yes	Yes	Yes
Reminders			Yes	
Social Support/ Networking			Yes	

Communication. The ARTAS Adaptation portion of the intervention utilizes two-way, text message communication between the client and intervention staff to achieve linkage to care.

Information. The Mobile Wellness portion of the intervention uses one-way, push text messages to send clients educational content supporting engagement and retention in care.

Social Support. Intervention staff provide clients with individualized social support through the delivery of mobile ARTAS sessions and through Mobile Wellness text messages.

Education. Intervention staff help clients learn new information, such as the benefits of accessing medical care, and discuss strategies to overcome barriers to seeing a medical provider. In addition, Mobile Wellness sends out educational push messages that a plethora of HIV and health related messages.

Reminders. As a part of WW2.0, clients receive automated reminders for medical appointments, case management appointments, and medication.

Outreach and recruitment consisted of print and social media marketing campaigns and building relationships in-house and throughout the community; in particular with other testing sites such as hospitals. The WW2.0 screening process involves gathering client information to verify client eligibility. Screenings may take place in a variety of settings including immediately before or after a lab, clinic, or case management appointment, during a home visit, while at an outreach event, or on a phone call. WW2.0 staff will use the Screening Questionnaire to gather the client's name, age, HIV status, HIV healthcare engagement level, and ability and willingness to access new media. If client meets WW2.0 eligibility criteria, WW2.0 staff will either proceed with enrollment, if screening is occurring in-person and the client has time, or schedule another time to meet in-person for enrollment. During the enrollment process individuals were identified as newly diagnosed or out of care which in turn determined the type of services each person would receive.

Intervention Delivery for Clients who are Newly Diagnosed or Re-entering Care. If the client is newly diagnosed or out of care, intervention staff will contact the client via text message to initiate the first mobile ARTAS session within 24-48 hours of enrollment. During the first mobile ARTAS session, staff will focus on building a relationship with the client, discussing client's potential barriers to health care, and identifying personal strengths and resources client can use to overcome barriers. If during the first mobile ARTAS session the client mentions they are ready to link to medical care, intervention staff will ensure that the client would be prepared for their appointment with necessary paperwork, list of medications, questions for the doctor, transportation etc. Staff will facilitate scheduling of client's medical appointment with the intake specialist. If client is not ready to link to medical care, staff will provide mobile ARTAS sessions 2-5 as needed until client is ready to link to medical care. During these sessions, staff continue to help the client address barriers to care and identify strengths to achieve healthcare goals. Once client is ready to link to medical care, intervention staff will facilitate scheduling of client's medical appointment with the intake specialist. On average, mobile ARTAS sessions usually take about one hour to complete.

All clients linking to medical care will receive a scheduled appointment reminder that is delivered to the client 24-hours before their appointment. In addition, clients will receive an automated follow-up message asking how their appointment went. If client attended appointment, staff will initiate a mobile ARTAS close out session and prepare the client to be transitioned into Mobile Wellness. If client did not make their medical appointment, they will continue with mobile ARTAS sessions 2-5. If client completed all 5 mobile ARTAS sessions and still did not link to care, they will be linked with long-term resources to help address remaining barriers.

After the mobile ARTAS close out session, clients will be enrolled in the 12-week Mobile Wellness program that sends automated health education text messages through the Wellpass platform. If the client is interested, staff will schedule medication reminders to be delivered at a frequency determined by the client. Reminders for follow-up medical appointments will also be scheduled. Clients have the ability to opt-out of receiving Mobile Wellness messages and appointment and medication reminders at any time.

Intervention Delivery for Clients who are Currently Engaged in care. Clients who are already engaged in medical care, but had a gap in care within the past two years or are not virally suppressed will be directly enrolled into the Mobile Wellness text message program to support medication adherence and retention in care. Intervention staff will also determine if client is interested in receiving medication reminders. Intervention staff will schedule appointment reminders for upcoming medical appointment.

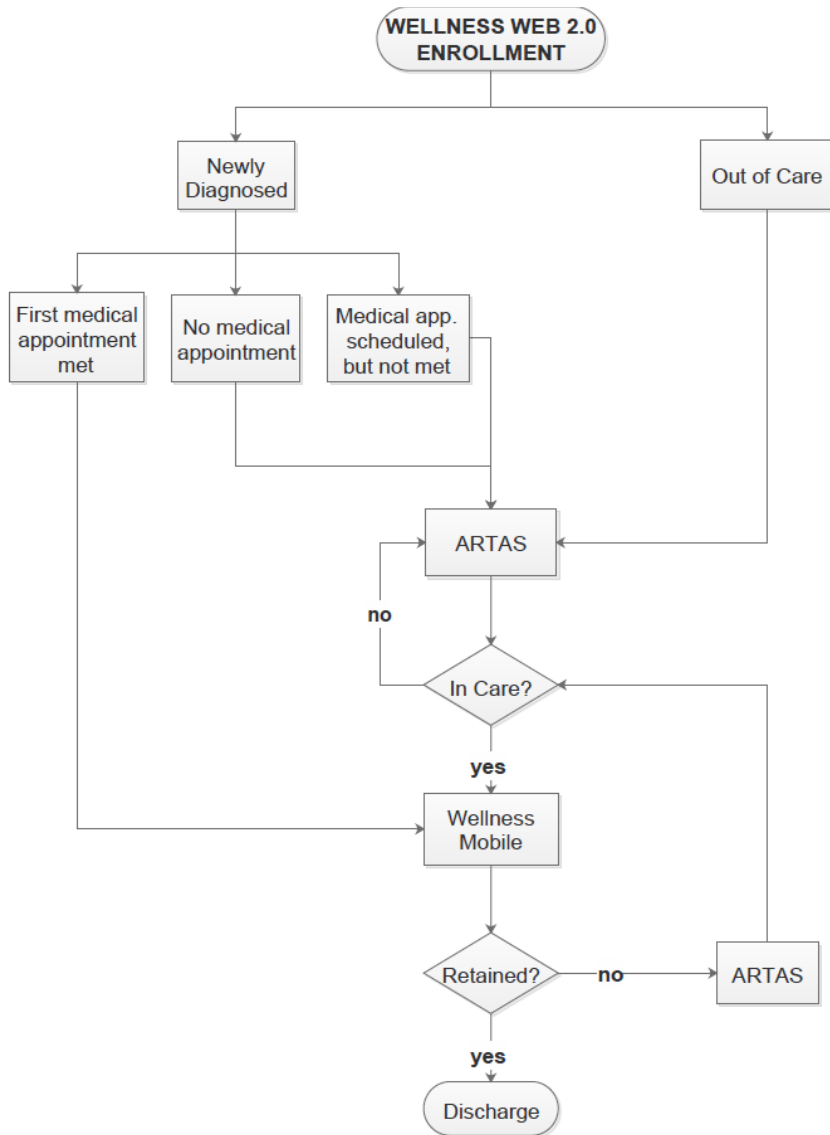


Figure 5: Intervention Components - Decision Tree

**WELLNESS WEB 2.0
INTERVENTION IMPLEMENTATION**

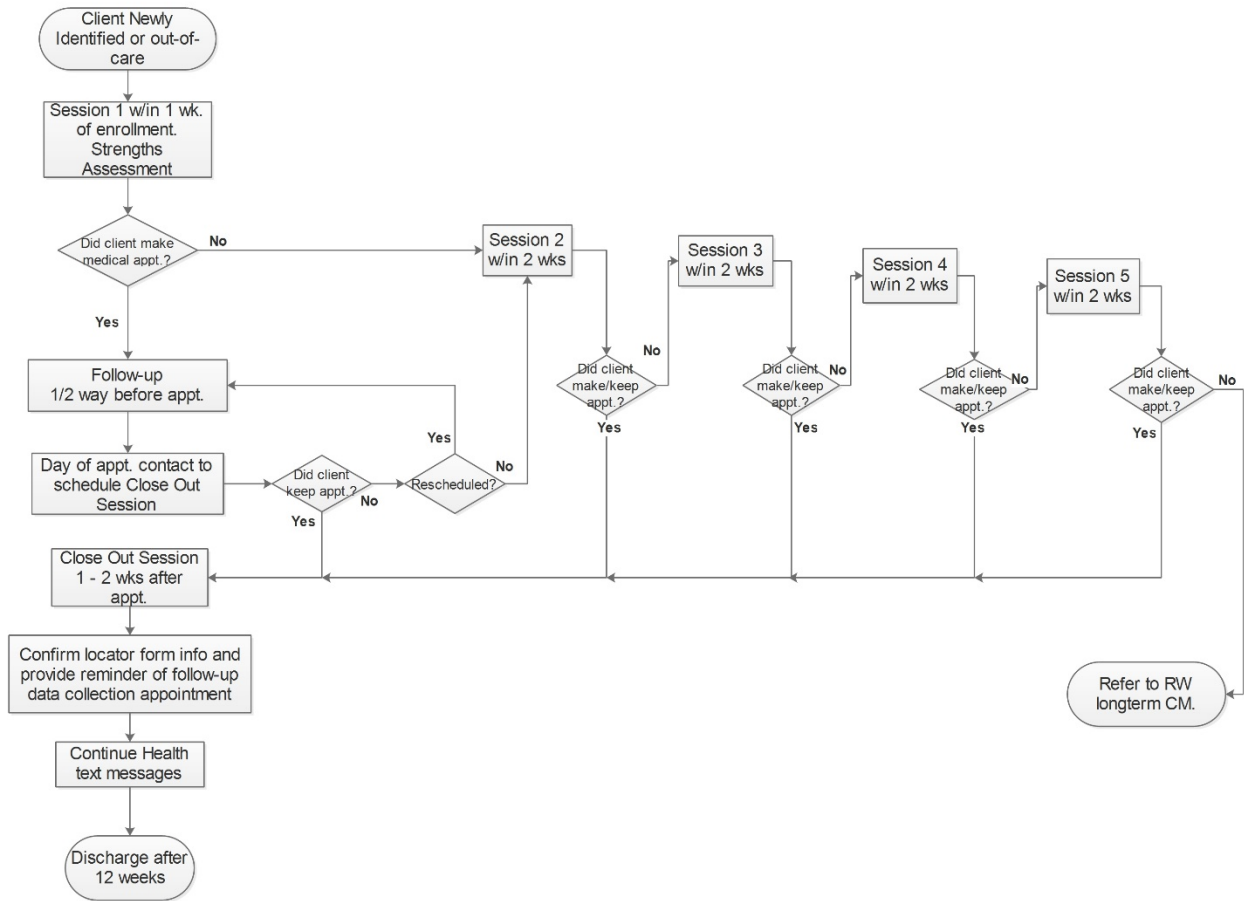


Figure 6: Intervention Implementation

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